

# INVOICE



**DATE**  
Date

**INVOICE NO**  
Number

**YOUR COMPANY**  
Street Address  
City, ST ZIP Code  
Phone  
Fax  
Email

**INVOICE TO**  
Street Address  
City, ST ZIP Code  
Phone  
Fax  
Email

<b>SALESPERSON</b>	<b>JOB</b>	<b>PAYMENT TERMS</b>	<b>DUE DATE</b>
--------------------	------------	----------------------	-----------------

Due on Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount

Subtotal	
Sales Tax	
Total	